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PECOPD Do								lication or ket Number 601777		Filing Date: 06/24/2003			To be Mailed
	API	N AS FILED							ER THAN				
(Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA								<u> </u>	RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	ASIC FEE			N/A		N/A			N/A	FEE (4)		N/A	FEE (#)
☐ s	87 CFR 1.16(a), (b), c EARCH FEE 37 CFR 1.16(k), (i), o		N/A	\	N/A				N/A			N/A	
	XAMINATION FE 37 CFR 1.16(o), (p), c	E	N/A	N/A		N/A			N/A		İ	N/A	
TOTA	L CLAIMS R 1.16(i))			minus 20 = *					X \$25 =		OR	X \$50 =	
	PENDENT CLAIMS R 1.16(h))	s		minus 3 =		•			X \$100 =			X \$200 =	
Пар	PLICATION SIZE CFR 1.16(s))	FEE	If the specification and drawing 100 sheets of paper, the appliance due is \$250 (\$125 for smatter for each additional 50 sheets of thereof. See 35 U.S.C. 41(a)(37 CFR 1.16(s).			cation s ill entity) or fraction	ize) on						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									+ \$180			+\$360	
* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL			TOTAL	
	APPLI	CATION A	AS AMENDI	ED – PAR	T II								
												отн	ER THAN
(Column 1) (Column 2) (Column 3)								li li	SMAL	L ENTITY	OR	SMAI	L ENTITY
AMENDMENT A	10/30/06	CLAIMS REMAINII AFTER AMENDME	NG	HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESE EXTR			RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ME	Total (37 CFR 1.16(i))	+ 16	Minus	** 20	[:	= 0			X \$25 =		OR	X \$50=	
	Independent (37 CFR 1.16(h))	* 4	Minus	** 3		= 1			X \$100 =		OR	X \$200=	200
\ME	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	200
		(Column	1)	(Column	2)	(Column	1 3)						
AMENDMENT B		CLAIMS REMAINII AFTER AMENDME	NG	HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESE EXTR			RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	**		=			X \$25 =		OR	X \$50 =	
N:	Independent (37 CFR 1.16(h))	*	Minus	**		=			X \$100 =		OR	X \$200 =	
ME	Application Size Fee (37 CFR 1.16(s))												
(4)	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
CALCULATE								•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													r:

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.